Volume XVII, No. 3 Summer 1958

MENTAL HEALTH

Published by the National Association for Mental Health

Price 2s. 6d.

MAURICE CRAIG HOUSE
39 QUEEN ANNE STREET, LONDON, W.1

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Editor: R. F. TREDGOLD, M.D., D.P.M.

PUBLISHED BY THE NATIONAL ASSOCIATION FOR MENTAL HEALTH

Vol. XVII No. 3 SUMMER 1958 2/6

CONTENTS

Editorial

DEBATE IN THE HOUSE OF LORDS

New legislation after the findings of the Royal Commission (on Mental Illness and Deficiency) has been promised by the Government. Many details will no doubt depend on the climate in which debates are held later in the Commons. It is therefore of great interest to read the report of the debate in the Lords (Hansard, 19.2.58), at the instance of the N.A.M.H.'s President; members will no doubt have mentally congratulated Lord Feversham and the speakers who followed him, on their width of vision and on their grasp of a highly complicated subject discussed in a most voluminous Report.

Speakers did not, of course, include a psychiatrist (nor are very likely ever to do so), but in spite of this, or perhaps even because of it, the debate lasted for some four hours. Certain features in it were rather disturbing. As Lord Cottesloe pointed out, the House had been practically emptied by it. Readers of Hansard must be left to form their own opinion as to whether this was a reflection on the quality of the debate or on the social responsibility of members. It is also tragic to hear a noble lord speak of the "barbarous operation" of a prefrontal leucotomy. Granted the cases he quoted were tragic, but to condemn all forms of leucotomy as barbarous thereafter is as sweepingly unfair as to condemn all forms of leparotomy because a number of early appendicectomies developed complications. No medical voice was raised to deny such comment.

Taken all in all, the debate showed the work that needs doing before any legislation can be drafted—from problems such as nomenclature to those of censoring patients' letters in hospital. Lord Feversham very rightly drew attention to the tiny fraction of research funds which were devoted to mental health, quoting that only 2 per cent of the Medical Research Council's funds. Lord Cohen in reply pointed out that research in other subjects could also be said to help that in mental disease, but he reiterated that the money spent was far from enough; and that the essential ideas and men still lacking, need appropriate incentives if they are to appear. The mere quotation of a list of organisations who play some part in research, as done by the Lord Chancellor, should blind no one to the small amount being done, and the tremendous need.

The tragedy was that Lord Percy of Newcastle, the Commission's Chairman, was unable to be present. As readers know, he died a few weeks later, without seeing the fruits of his work.

Religion and Healing*

By DENNIS V. MARTIN, M.R.C.S., L.R.C.P., D.P.M.

During the past half-century two converging lines of thought have been developing in relation to the etiology and treatment of disease. On the one hand there has been a steadily growing enquiry into the nature of the Healing Ministry of the Church and, on the other hand, medicine has increasingly turned its attention to the non-physical origins of disease and the place of psychological methods in its treatment. It is important that there should be greater mutual understanding between these two streams of knowledge and experience. Psychiatry occupies a half-way position between these two bodies of knowledge forming the link between physical disease, or disorder, and the emotional and spiritual problems which play so important a part in their causation. The purpose of this paper is to consider some of the questions which modern psychiatry seems to pose for the Christian faith in relation to the healing of illness.

The psychiatrist deals with a wide and varied group of diseases but it is in the field of neuroses that the discoveries were first made which are most relevant to the subject of this paper. A neurosis is a condition in which the symptoms may be physical, psychological, or both of these, but for which no physical cause has so far been established. One of the most common of these conditions is the anxiety state in which the patient experiences palpitations of the heart, sweating, trembling and other physical symptoms. It is now known that these symptoms are the physical expression of emotion and are experienced by us all in varying degrees when we are frightened. This fact suggests that the neurotic suffers from some disorder of his emotional life and Freud has shewn us that underlying the neuroses are emotional conflicts some aspects of which are always unconscious. The Freudian view sees the root of neurosis in conflicts arising out of infantile sexuality but today most psychiatrists would accept a broader view and include conflicts involving any of the personality trends, or drives.

A middle-aged woman complained of acute anxiety symptoms such as those already described. These attacks came on whenever she was left alone in the house, or whenever she had to go out alone. She feared that she would die in one of these attacks and reassurance that there was nothing wrong physically did not allay her fears. She agreed to have psychological treatment. The first conflict that came to light was between her conviction that middle-age meant the end of her sexual attractiveness and so the frustration

* *An abbreviated form of an address given at a Conference of Chaplains of Mental and Mental Deficiency Hospitals organised by the National Association for Mental Health for the South West Metropolitan Regional Hospital Board, Eastbourne, November 1957.*

of her need for love through a sexual relationship, and the continuing need for such love. As a result of this problem, to which she could see no answer, she had suppressed her sexual desires and no longer felt them. This suppressed emotion was playing its part in causing her symptoms. The next step was to uncover a conflict between a strong need to be dependent upon someone, and the desire to be independent and run her life her own way. The uncovering of this problem also brought to light a very strongly repressed resentment against the friend who lived with her, and upon whom she was forced to be absolutely dependent on account of her symptoms which made it impossible for her to be left alone. In this example there are three conflicts which interact and overlap, namely—The conflict between accepting middle-age with its waning physical attractiveness and her continuing sexual desires and need for love. Secondly the conflict between her unconscious dependence which sprang from her need for affection and her conscious pride in being an independent woman. Thirdly, the conflict between her intense resentment towards her companion, and her conscious ideal of herself as a lovable person. In these three conflicts the sexuality, the dependence and the resentment were all unconscious, but the emotion issuing from them was causing her symptoms of anxiety. This brief example must serve to illustrate that many aspects of the personality are involved in these illnesses and that the problem is in the end a spiritual one, namely the integration of the different personality needs under some guiding principle which is capable of giving the emotional satisfaction and security which we all need. For the Christian the answer in the broadest terms is God. However, this patient was a sincere Christian but had failed to find the answer in her faith as she understood and practised it.

The theory of emotional conflict underlying neuroses has now been considerably extended. It has been demonstrated that the emotions have a profound influence on the physical functioning of the body and that conflict in this sphere plays a part, and sometimes a crucial part, in the causation and maintenance of much organic disease as well as in the neuroses.

The common type of conflict found by the psychiatrist in the course of treatment might be summarised thus :—

1. Conflicts involving the acceptance and direction of instinctual trends, such as sexuality and aggressiveness.

2. Conflicts between dependence and independence, the resolution of which necessitates finding a real sense of inner security.

3. Conflict between the conventional facade of social behaviour demanded of us all, and what we know to be our more real selves behind this facade.

4. Conflicts involving the tension between conscience and desire.

There are of course many other factors playing their part in the etiology of disease apart from emotional ones. Physical disease may closely simulate neurosis and there is always need for thorough medical assessment before it can be assumed that a psychological and spiritual approach to treatment is most appropriate. Furthermore, psychiatric techniques have their dangers in the hands of the untrained and even when these are the only hopeful channel of treatment there may be insuperable resistance on the part of the patient to psychotherapy or spiritual counsel. Consciously, or more often unconsciously, the patient may choose illness rather than the painful path of self-knowledge.

The writer suggests that the complex facts of emotional disorder which have been so briefly and superficially presented here are a challenge to the Church in relation to the spiritual life both personal and corporate. Some of the ways in which psychiatric knowledge presents questions for the Christian faith will now be considered.

The Will of God in Relation to Disease

One of the first tasks a Christian may have to face in considering this subject is that of an honest reconsideration of his real attitude concerning disease and the will of God. Many Christians still hold the view that disease may be sent by God to test and ennoble them, or even to punish them. It is hardly possible to have faith in such a God for healing. It is not uncommon for a Christian to be enduring some complaint with fortitude which arouses great anxiety and sympathy, when it is clear to the psychiatrist that one factor at least in the illness is a hidden resentment towards a relative. Here the belief that illness is the will of God is being used to rationalise a state of affairs that is expressing a need to dominate a relative and so satisfy the unconscious hostility. Such are the difficulties we find ourselves in if we cling to the belief that disease may be the will of God. The life of Jesus would certainly give little support to such a doctrine.

The Teaching of the Church Regarding the Body

Modern medical knowledge supports the view that man must be seen as a whole. The body cannot be considered independently of the mind and spirit but as an expression of them in time and space. The body is therefore good. The official teaching of the Church on sex recognises this fact, but the silence of the local church is still quite astonishing and an emotional atmosphere frequently exists which shrouds the whole subject with guilt feelings and anxiety. Sexual fears and inhibition are still very common amongst religious people. Biological impulse is equated with con-

sidered intention and an insoluble conflict is set up. Surely the Church should be teaching that sex is a gift from God to be enjoyed in a responsible manner.

The Lack of a Sense of Inner Security

It has been said already that a most important finding in emotional disorders is a fundamental lack of real inner security. The Christian answer to this problem is the utterly reliable love of God. In practice people hold very conflicting views regarding the nature of God. They believe with their heads that God loves them but in their hearts they fear Him more than they trust Him. The legalistic view that God's love is conditioned by our behaviour dies hard in some religious circles. Much illness would be relieved, or even cured, if people really fully accepted that God loves them just as they are and not only when they are good, or when they strive to live up to some expected Christian ethic. Emotional acceptance of this truth is essential if it is to be effective. The individual needs a "feeling experience" of the reality of God's love. The neurotic suffers above all others from the fear of "Thou shalt not" and instinctively reasons "if I do, I shall not be loved". But the love of God must be mediated through human relationships, and it is nothing but a pious phrase if it is not being genuinely expressed through the fellowship of the Church.

The Concept of Sin

The insecure personality often develops into the perfectionist and this development is readily fostered by the idea, already mentioned, that God's love is conditioned by our behaviour. There is a concept of sin which only serves to foster perfectionistic striving. Christian people are often taught that any thought or behaviour which falls short of the standard set by Jesus is sin. Sin is then seen as the committing of wrong acts, the thinking of wrong thoughts, or falling below a certain ethical standard of behaviour. This leads to striving anxiously for perfection just by trying hard to be good. It takes no account of the forces in the personality which are pulling in the opposite direction and so an exhausting conflict is set up which fosters ill-health. The instinctual forces are thus felt as evil, and so are rejected and repressed by the perfectionist. He therefore tries to love people without taking account of the hostility and sexuality in himself and directing them in a conscious and healthy way. He may break down under the conflict between the compulsion to love, because that is the standard set, and the unacknowledged hostility or sexuality in himself.

This view of sin as doing wrong acts, or thinking wrong thoughts seems to the writer to be superficial and misleading. We cannot get rid of sin by refraining from doing or thinking any unworthy thought or deed. To attempt to do so accentuates conflict.

The only view of sin which can do justice to modern psychological knowledge is one that puts relationship to God and man at its centre. The root of sin is then seen as an egocentric refusal to enter into a relationship of love with both God and man, a refusal based upon insistence on one's rights and demands being fulfilled, not as a failure to do right actions or to think right thoughts. Indeed, the value of right, i.e. morally acceptable, actions may well be cancelled because they are carried out within a wrong quality of relationship, for example one of condescension. If sin is seen in this way, instinctual tendencies can be readily accepted as good in themselves, but our insistence that they be satisfied with disregard for relationship as sinful. Secondly, it shifts the emphasis from trying to be good by perfectionistic striving to the prior necessity of restoration of the relationship before real goodness is possible. It clearly involves the idea of sacrifice in the necessity of giving up our right to ourselves and our personal satisfactions for the sake of real relationship with God and man, and the idea of sacrifice recurs again and again in modern psychology. The resolution of conflict invariably involves sacrifice in the true sense of a voluntary and willing surrender of a childish i.e. demanding attitude, in order that development may proceed.

If men and women can be helped to see that sin consists in their demand to run their own lives, for which task they so often feel inadequate, when God is offering them, not condemnation, but a relationship of love within which conflicts can be resolved and real freedom won, this would correspond to a need which we find again and again in our patients.

Psychiatric Treatment and the Personal Relationship

No matter what the school of psychotherapy, all are agreed that the fundamental common basis of this treatment is the personal relationship between doctor and patient. Technical matters apart, the attitude required of the ideal therapist can be summarised thus :—

1. An attitude of readiness to accept whatever is found in the patient no matter how conventionally shocking or contrary to accepted moral standards this may be.

2. An attitude of sympathetic understanding based upon a real awareness of the same kind of tendencies in the doctor himself.

3. An attitude of respect for the truth as perceived by the patient rather than an attempt to impose his own ideas onto the patient. He must be as free as possible from preconceived ideas and ready-made solutions regarding the patient's problems.

Psychiatrists, being human, always fall short of this ideal and this is partly responsible for their failure adequately to help many of their patients. At its best this attitude has much in common with

St. Paul's famous description of Christian love (1 Corinthians 13). In psychotherapy the patient often *feels* condemned and criticised until the developing relationship proves to him in experience that he is accepted and cared for just as he is. It would seem that in pastoral work the nature and quality of the personal relationship is more important than the orthodoxy or correctness of the spiritual counsel given.

In recent years what we have learned concerning the importance of the personal relationship in treatment has been applied to the wider sphere of interpersonal relations throughout the mental hospital community. It is now realised that the total atmosphere in which the patient receives more specialised treatment is of the greatest importance in relation to his recovery. Out of this work has been born the concept of the Therapeutic Community in which close attention is paid, not only to the doctor-patient relationship, but to relationships between patients and nurses and all other staff involved in their care. Such a community is based upon staff and ward meetings in which all problems of relationships and management are freely discussed and worked out between all concerned in the work, including the patients themselves. There can be no doubt that the Church fellowship should be a therapeutic community in this sense, based upon the sharing of problems in a spirit of accepting, sacrificial love. Too often the atmosphere of the Church fellowship is too respectable and conventional for this to be possible. We fear each other more than we trust each other when the less acceptable side of our nature is involved. We tend to cover up our badness and our conflict under a cloak of conventional Christian behaviour which therefore fosters rather than relieves illness. Church people need to think more deeply about the true nature of Christian love. Too often it is a superior brand of human kindness based upon the suppression of bad feeling. The Cross demonstrates that real love attracts sin out into the open and redeems it, but too often the Church fellowship drives it underground and it proceeds to express itself in unhappiness, dissatisfaction and ill health.

Finally we shall consider the place of the priest or minister within the Church community. Around him is woven a rich phantasy life which consists mainly of the varied projections for which his special position renders him such a suitable object. Often they have little relation to his real personality and it is very important that he gains some real understanding of this, lest he become identified with some of the roles ascribed to him by his flock. First of all he readily receives the father image of many of his people. Thus he will often be the object of a totally irrational fear, of an unjustified hostility, or an irritating and embarrassing reverence and worship. If he is a young man he may become the object of the unconscious sexual desires of the more frigid female members of his church. This gives rise to passionate religious

admiration and hero-worship, often tiresomely devoted service and a great deal of jealousy. Often he is strongly identified with the moral aspect of religious teaching and fear of condemnation will make it very difficult for some of his people to confide in him in their difficulties, especially when these have a conventionally immoral aspect. Many ministers lack awareness of some of the many roles into which they are thus forced by their people. This makes it very unlikely that they can adequately help their members in situations of difficulty in a real way. The minister is in the position of leader of the community and is therefore inevitably faced with the task of giving a lead in the matter of real relationships. There is a real risk of him almost unconsciously taking the easy path of being more or less what is expected of him. He may be flattered by the authoritarian role, or it may appeal to an inadequately recognised power drive, and so he may come to feel that he must supply all the answers and lay down the theological law. If he does not know the answers in experience he may find himself producing them dogmatically from the book instead of sharing his ignorance with his people. Again he may get considerable satisfaction from the devotion of some of his flock, especially women, and rationalise this on the grounds that they need his encouragement and help. He needs adequate help in keeping constantly aware of his own emotionally determined reactions. Such help can come from a sensible wife who is not afraid to tell him in a good humoured way when he is being pompous, or falling for flattery. A trusted friend can help in the same way, but his main source of self-knowledge should presumably be in his devotional life.

PSYCHOLOGICAL METHODS IN PSYCHIATRIC DIAGNOSIS

2. THE CLINICAL USE OF PROJECTIVE TECHNIQUES

By GORDON TRASLER, B.A., B.Sc., Ph.D., A.B.Ps.S.
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The term "projective tests" is customarily applied to several of the sharpest and most valuable weapons in the clinical psychologist's armoury. Some of these—the Rorschach test, for example—are well known; others are not, and indeed some depend for their effectiveness upon their deceptive similarity to verbal intelligence tests. There are, nevertheless, essential differences between them and those methods of cognitive testing which were outlined in my first article.[3] It is because of these differences that projective and cognitive tests can yield so much more diagnostically-valuable information when used to complement one another than when either technique is used alone.

Projective methods are based upon certain propositions about the manner in which individuals notice, attend to, comprehend and interpret stimuli which are presented to their senses—in brief, the principles of perception. Perception is essentially an *active* process of selecting and attending to quite a small proportion of the enormous number of stimuli which impinge upon the eyes, ears, and other receptors of the human body. It consists, roughly, in distinguishing those which have *meaning* for the individual from those which have not. A particular sight or sound has meaning for the individual if he is able to connect or relate it to the memory of a previous experience, to his inner imagination (fantasy) or to a need, fear, or idea of which he is at that moment conscious.

Thus the individual himself is the agency which endows external stimuli with meaning. In popular terminology, he "recognises" or "grasps" them. In familiar, everyday situations perceptions are readily related to a context of experience which the individual shares with other members of the society in which he lives; he interprets them and responds to them in ways which he has learned, and which are largely conventional. If, on the other hand, he finds himself in a strange, unfamiliar situation, the task of "structuring" perceptions or relating them meaningfully to ideas, places much greater demands upon him; and because he is bereft of learned rules-of-thumb, he will understand and respond to stimuli in a way that is to a large extent peculiar to, or characteristic of, himself.

It is in their differing degree of emphasis upon learned, conventional modes of behaviour and spontaneous, improvised

responses that the principal distinction between cognitive and projective tests consists. For example, the intelligence-test question: "How many inches are there in two and a half feet?" is usually perceived and understood by the patient in relation to a familiar context of experience of such problems; he will respond by attempting a sequence of reasoning according to the rules of arithmetic which he has been taught. Most members of his social group would respond according to the same customary rules; and so his behaviour throws light upon his competence in applying what he has learned rather than upon his more distinctively individual qualities. If, on the other hand, he is presented with an ink-blot and asked what it might be, these conventional cues are lacking. He has to endue the psychologist's question with meaning; he has to distinguish the relevant characteristics of the ink-blot, and to select from a variety of possible interpretations those which he feels he can appropriately communicate. The ambiguity and unusualness of the situation will consequently evoke behaviour that strongly reflects his own personality.

In practice, the ambiguousness and unstructuredness of a projective test is a matter of degree. In the first place, the two-person social situation in which the test is administered provides the patient with certain guiding principles about what is expected of him: e.g. that he is expected to give responses, and that certain sorts of response might evoke a change in the psychologist's presently friendly attitude. Secondly, the test material itself may give quite clear cues about the sort of response that is required. In the Thematic Apperception Test, for example, the patient is required to devise short stories to account for the situations shown in a series of pictures. Almost all of these pictures show two or more persons; and for this reason it is usual for the subject to respond with stories dealing, implicitly or explicitly, with relationships between people. The principal interest of the psychologist is not in the fact that the patient describes interpersonal relationships, but in the quality of the relationships which he describes.

In the Rorschach test, on the other hand, the patient is given no indication of the sort of responses which are expected. He is handed each of a set of ten ink blots in turn, with the simple request that he should report what he sees in them, or what they look like to him. The ink-blots printed on the ten cards vary considerably in form and appearance, but all contain so many and such diverse associative possibilities that there are very few "usual" percepts. The patient is thus thrown entirely on his own resources, and must choose for himself not only the content of his percepts (i.e. whether he will look for animals or people or things) but also to which of the many characteristics of the blot material (tone, shading, colour, shape, etc.) he will attend. These discrete characteristics of the

stimulus material can have no meaning for him unless they correspond to an idea or fantasy which is *already in his mind*. It follows that the responses which he gives to the psychologist are the product of his own ideas and those characteristics of the blots which he is able to relate to them—a principle that is sometimes described by saying that he projects his ideas on to the blots. But he does more than this; for he is obliged by the nature of his task to organise the stimulus material in such manner that the percept is recognisable to the psychologist. In responding to the test instructions the patient cannot help providing the psychologist with valuable information about his ideas and fantasies, his difficulties and anxieties in expressing or concealing these ideas, and his skill in organising them into an acceptable form.

One of the most difficult problems in clinical diagnosis has always been the patient who contrives to conceal pathological abnormalities of ideation and thinking, by watchful adherence to conventional modes of speech and behaviour. This is particularly likely to occur in the early stages of schizophrenic illness; despite his growing inner disturbance, the patient may succeed in maintaining so effective a censorship over his behaviour and speech that he appears to be simply a rather inhibited, anxious individual. The patient's ability to "put up a good front" may thus delay his diagnosis for long enough greatly to increase the difficulties of treatment.

In the unfamiliar test situation, however, this device breaks down. The careful rehearsing of previously-learned ways of behaving cannot help the patient, because he is confronted with an entirely new problem. He may, of course, refuse to respond at all—a circumstance which is itself a useful diagnostic clue. His responses, if he gives them, are likely to be revealing in a number of ways. The presence of pathological preoccupations—"over-valent ideas"—may be indicated by the repeated recurrence of a theme in several responses or Thematic Apperception Test stories. Where this happens, the stimulus material itself may be misperceived in order to conform to the dominating idea; for example, the sex identity of a person in a T.A.T. picture may be misrecognised, or the patient may entirely overlook the presence of one of the people depicted.

Failure of the ability to distinguish between the imagined and the real sometimes causes a patient to react to his percept as if it were a real thing; showing, for example, fear or revulsion for a creature perceived in a Rorschach blot, or indignation at the events portrayed in a T.A.T. card. In less extreme cases, inability to accept the possibility of an alternative interpretation of the stimulus material sometimes betrays the abnormal literalness of the patient's thinking.

The production of responses to projective test material, like the solution of cognitive test problems, is primarily an intellectual exercise in the sense that it involves thinking, reasoning, the capacity to criticise one's own performance, and the ability to communicate ideas by the use of words. Because of the vagueness of the projective test situation, however, this intellectual performance is unusually vulnerable to distortion or disruption by non-rational wishes, emotions and prejudices. Most of the classical types of "thought disorder" to which reference is made in psychiatric diagnosis are more readily elicited in this manner than in the conventional interview. The telescoped or "short-circuited" thinking of the schizophrenic, and the distorted reasoning of the incipient psychotic depressive are cases in point. The patient must devise and express his concepts without the help of directive questions, and is therefore likely to display verbal anomalies which he can conceal under more normal circumstances.

The facility with which projective tests can elicit specific symptoms has sometimes led to their use solely for this purpose. There are, however, great disadvantages and dangers in this procedure. Diagnostic testing is usually needed when the patient's presenting symptoms are mild and equivocal, and the psychologist must therefore concern himself with the difficult problems of discriminating between those idiosyncrasies and peculiarities which occur among essentially healthy people and those which indicate an impending breakdown into acute illness.

The first requisite under such circumstances is that each symptom or characteristic upon which clinical interest is focused must be considered in relation to what is known of the patient's personality and functioning as a whole. This is particularly important in the differential diagnosis of neurotic states: test behaviour which is a clear indication of acute neurotic illness in one individual may simply be an aspect of an odd, but workable, adjustment in another. Secondly, it is necessary that, as in cognitive testing, the psychologist should make as much use as possible of norms and standard criteria. There are great difficulties involved in recording and scoring projective test material in such a fashion that statistical norms can be derived from it. These problems have been partly solved in the case of the Rorschach test, but in all projective techniques much of this normative material is qualitative in form and is necessarily embodied in case-descriptions and specimen protocols.

The clinical use of projective tests involves the adoption, either explicitly or by implication, of some system of psychopathological theory. Historically, these techniques have been developed mainly within the framework of psychoanalytic theory; indeed, many of the assumptions upon which the various projective procedures are

based are derived from that system. Attempts to divorce projective testing from psychoanalytic concepts have so far met with little success. One unfortunate result of dissatisfaction with the psychoanalytic rationale of projective tests has been an attempt by some practitioners to dispense with all theoretical concepts and to apply the tests in an empirical fashion—using, for example, individual scoring categories in the Rorschach as self-supporting diagnostic indicators. This method has not proved particularly useful, and appears to lead inevitably to the development of implicit theoretical assumptions which are the more dangerous because they are unrecognised.

Perhaps the greatest disadvantage of the projective techniques in diagnosis is that they have the superficial appearance of being easy to apply. It is a great mistake to suppose that an acquaintance with psychiatric nosology and what is rather vaguely called "clinical insight" constitute sufficient equipment for the user of these complex and difficult instruments. Both cognitive tests and the projective techniques make heavy demands upon the skill and specialised theoretical training of those psychologists who apply them; without such training it is disastrously easy to draw facile inferences which may have serious consequences for the patient's progress.

The modern techniques of diagnostic testing with a battery of cognitive and projective tests, pioneered by Rapaport and his colleagues at the Menninger Clinic[1, 2], have considerably enhanced the value of the psychologist's contribution to the diagnostic process. It is no longer his function simply to furnish isolated fragments of information about the patient's intelligence or memory: he is now able to give a coherent, systematic account of the psychological functioning of the patient which can be invaluable to the psychiatrist in the prescription of treatment as well as in diagnosis.

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Mental Disorder in the Defective under Community Care

By MICHAEL CRAFT, M.D., M.R.C.P., D.P.M.

(Deputy Superintendent, Royal Western Counties Hospital, Starcross, Devon)

An earlier study on certified in-patient defectives (Craft 1958a) showed that 38 per cent of 314 high-grade defectives adult showed symptoms and signs of mental disorder. Penrose found that mental disorder in the dull predisposed to certification and admission as in-patients (Penrose 1954). Such findings would suggest that a psychiatric survey among defectives outside hospital would yield few cases of mental disorder.

The County of Cornwall is one of the two main counties admitting patients to the Royal Western Counties Hospital. In December 1957 there were 574 persons ascertained as mentally defective under the English Mental Deficiency Acts and under statutory supervision or guardianship. These patients were scattered in their own homes throughout Cornwall, and were visited and reported upon at quarterly or more frequent intervals by county social workers. Their files contained all reports dating back to their initial ascertainment.

In order to compare the incidence of mental disorder in these patients together with other relevant factors, with high-grade adult in-patient defectives, the same criteria were used. From the alphabetical index of the 574 Cornish community defectives, every third file was taken. From these were excluded those with previous mental deficiency hospital admission, those aged less than 16 in December 1957, idiots, imbeciles, and those whose last I.Q. was 37 or less. There remained 100 case notes of high-grade adult defectives which were used in this survey. After perusal of case notes a conference of all social workers was held at which patients were discussed and those with mental disorder chosen for examination by the author. Mental disorder comprised those who had : (1) symptoms of mental illness causing loss of work days for those at work, or the need to seek medical advice for those not in work; (2) abnormal personalities when they were found to "suffer from their abnormality or cause society to suffer". (Mayer Gross, *et al,* 1954). Society in this context concerned their neighbours.

RESULTS

Present Work, I.Q. and Age

40 patients were in paid employment at the time of the survey, 52 patients were in receipt of Government National Assistance grants, and 8 patients had no grants but were occupied at home.

Intelligence quotients were taken from records. For the most part they were tests using the Stanford modification of the Binet and made in the later years of schooling by school medical officers.

Breakdown of Age Groups by I.Q.

Age	*Feeble-minded (No.I.Q.)*	*I.Q. 38-45*	*I.Q. 46-59*	*I.Q. 60-75*	*I.Q. 84*	*Totals*
16-20.....	1	5	16	12	1	35
21-29.....	3	7	15	5		30
30-39.....	3	5	11			19
40-49.....	8	3	2			13
50+-.....	2	1				3
						100

Mental Disorder

From case records checked by conference, there appeared to be 21 patients who had showed any signs of symptoms of mental disorder during 1953-57 inclusive. Only 11 of these had been noted to show symptoms during the last year.

Local social workers made special enquiry into these patients, and with their doctors. Where necessary those patients who might have come within the definitions of mental disorder were examined by the author.

2 patients out of the 40 at work had lost working days during 1957 due to mental symptoms; one was diagnosed at psychiatric out-patients as having anxiety hysteria; the other on examination by the author gave a history of phobic symptoms causing four months' loss of work after mining tin underground. One further patient had had court appearances for homosexuality but continued at work throughout the year. This patient came under the definition of abnormal personality, causing others to suffer. 2 patients who continued at work were not considered to have abnormal personalities having minor symptoms only which did not inconvenience them or their neighbours.

6 patients out of 60 not at work had had mental symptoms and of these 2 patients had sought medical advice. One of these was a 19 years-old homosexual transvestite who was later admitted after stealing female underwear. The other was a shy, withdrawn asocial 25-year-old girl, who avoided going outdoors and disliked company. She had good rapport, drive, and emotional congruity and was not considered schizophrenic. She was felt to be an abnormal, probably schizoid personality. None of the 4 remaining patients had sought

medical advice. A man aged 25 was considered to have an abnormal personality, being violent at home and aggressive to neighbours so that the latter complained of him during 1957. His admission was requested but his mother finally refused consent. Another patient, timid, shy and aged 45, was apparently perfectly happy, also her mother. Two further patients aged 24 and 34 although excitable and moody at times were able to get out and about, hold temporary jobs and live in neighbourly harmony. These last three were felt to be within normal limits.

Altogether 6 patients were considered to lie within the definitions of mental disorder; one having anxiety hysteria, one phobic symptoms, two homosexuality, one a schizoid and one an aggressive personality.

Relevant Social Factors

Court appearances occurred in seven patients' records, three for sexual offences, four for larceny. One of these appearances caused the initial ascertainment of the patient concerned.

Family circumstances were found in an earlier study (Craft 1958b) to be highly important, illegitimacy, lack of one or both parents, absence of homes, and bad homes being contributory factors to ascertainment and certification. In the present series, 84 patients had been ascertained from school where social factors were presumably considered, and 4 notified by their parents for advice. At the time of survey it was found that 9 patients were illegitimate, 27 patients had lost one parent and 12 patients two parents by death or desertion longer than 5 years. One further patient lacked any home at all and two patients had homes described as "poor" or "bad" by social workers.

Discussion

Out of 11 patients who had mental symptoms within the twelve months surveyed, 6 were considered to have been mentally disordered within the definitions used. Both these figures are less than the incidence of mental disorder found among in-patients. This finding supports the view that mental disorder is a part cause of certification and admission to hospital among the dull, and it was of interest to note whilst going through the case notes that previous mental outbursts were the cause for 4 out of 9 of these patients being placed on the waiting list for admission during past years. None of these had in fact been admitted.

Don Charles (1953) and others have suggested that community defectives have a greater incidence of petty crimes than a normal

population. Court appearances are likely to lead to the admission of patients under community care and this would depress figures in the present study. In addition social workers are likely to press for the admission of the unemployed and others who are at greater risk. Admission for the chronically unemployed dullard has advantages, for most can be trained to take their place again in the community.

The family circumstances revealed are of great interest; 48 of all patients lacked either one or both parents. Further analysis shows that 22 of the 65 patients aged 29 or less were either illegitimate or had lost one or both parents. It is probable that family factors influence original ascertainment and its continuation, just as family factors were found to influence in-patient admission.

It is of interest to note that only three patients lacked a home or had poor homes. The patient without a home stayed in a geriatric unit, whilst the other two were both 16-year-old farm labourers who had had lodgings secured for them. It seems probable that many from poor homes had been admitted to hospital for training, and the absence of others from this review of the least well-endowed portion of the population probably reflects on the energy of the local authority.

The table of age groups and I.Q. shows the steady loss of higher-grade defectives with increasing age. Further analysis showed that approximately 60 per cent of this loss was due to discharge from supervision and ascertainment as defective, whilst 40 per cent was due to death, removal or admission to mental deficiency hospitals. Approximately two-thirds of surviving persons, who for varying circumstances during adolescence were found to be high-grade mental defectives, were later considered to be able to look after themselves. To some extent this is a circular argument, the only valid inference is that for high-grade persons a Cornish diagnosis of mental defectiveness applies principally to the young, and has a relatively good prognosis.

Taken as a whole this paper would be compatible with the view that at community level in Cornwall, the term mental defective is applied to those dullards who additionally are unemployed (60); have adverse family factors (48); are physically crippled (9); are mentally disordered (6); commit community offences (4); or who have no home. (1) These heterogeneous groups, with inter-related handicaps, accounted for 87 of the patients surveyed. 8 of the remainder were within three years of leaving school and 2 were awaiting discharge. The remaining three were employed but had a poor work record. The view is supported by a previous study (Craft 1958a) and would accord with Brandon (1957) and O'Connor (1958).

Summary

A survey of Cornish defectives living in the community under supervision is reported, using a one-in-three selection of adults over I.Q.38. It was found that of 100 surveyed, 6 patients were considered to be disabled by mental disorder according to the definitions used whilst 5 further patients had minor mental symptoms during 1957. Using the same definitions in an earlier study 38 per cent of in-patients were considered to have their main disability as mental disorder, and it was concluded that this study supported Penrose's view that mental disorder in dullards predisposed to admission as defective.

The view is suggested that the term "mental defective" in Cornwall is most likely to be applied to those dullards who have environmental or personal handicaps.

Acknowledgments

My thanks are due to Dr. Curnow, County Medical Officer for Health for Cornwall and his Mental Health staff upon whose efforts this work depended. I should like to thank Dr. Prentice, Medical Superintendent, Royal Western Counties Hospital, for help and advice.

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News and Notes

Some Mental Health Statistics

This year for the first time the Registrar General's Statistical Supplement giving information about mental illness, has been published as a separate volume without including information also on "General Morbidity and Cancer."

It refers to the two years 1952 and 1953 and analyses statistics relating to patients in mental and mental deficiency hospitals. A wealth of detailed statistical information has been collected on such subjects as admissions and discharges, diagnosis and types of mental illness in different social classes, sex and age distribution of patients, duration of stay in hospital, the distribution of mentally defective patients according to grades of defect, the number of children born to patients before admission, presented in the form of tables, diagrams and appendices. To the statistically minded these 200 closely packed pages will be a joy providing rich treasure.

A few points to which the Registrar General's press statement draws attention may be noted here.

For patients suffering from schizophrenia the highest first admission rates are those at ages 20 to 34; in contrast to the admission rates for those suffering from manic-depressive reaction the highest of which were at ages 55-64.

With regard to the occupational incidence of mental illness amongst patients of different social classes, admission rates for males aged 20 and over for schizophrenia, manic-depressive reaction and psychoneuroses were all highest for patients in occupations assigned to Social Class V (unskilled). Admission rates due to "disorders of behaviour, character and intelligence," were highest in this Class and also in Class I (professional). First admission rates for schizophrenia ranged from 88 per million of the population in Class I to 383 in Class V; for manic-depressive reaction, the corresponding rates were 235 in Class I and 213 in Class II ("Intermediate Occupations") increasing to 392 in Class V. In general it is pointed out that there appears to be some significant correlations (e.g. between high admission rates and clerical and labouring occupations) but that their precise significance is not yet clear.

In connection with mental deficiency hospitals it is noted that in the years 1952 and 1953, almost half the direct admissions were of patients of the feeble-minded grade, whilst the great majority (83 per cent) of the 1,204 patients discharged during 1953 were also of this grade. The median duration of stay was just under eight years for males and nearly nine years for females.

A Hospital Unit for Delinquent Defectives

The problem of the best way of dealing with the high-grade patient in a Mental Deficiency Hospital who is seriously delinquent is one for which there is no easy solution, and an experiment made at Little Plumstead Hall, Norwich, is of special interest.

In August 1956 there was opened a Villa specially for this purpose and Dr. A. Gillie (Senior Hospital Medical Officer) has sent us—at the suggestion of the Medical Superintendent, Dr. J. V. Morris—a note on the results up to date.

Out of a total of 108 patients nearly all of whom were admitted from the Courts or from prison under Sections 8 and 9 of the Mental Deficiency Acts, 9 have now been discharged into the community and appear to have been successfully resocialised; 4 are at present on licence, and 14 have been transferred to a Hostel from which patients for whom suitable employment can be found, go out on daily licence. 39 are now in open villas, and 7 have been transferred to other Hospitals. Of the 35 patients remaining in the special unit at the time of writing, it is anticipated that within the next few months, the majority will qualify for transfer to an open villa and thence to a hostel. The patients work in the various departments of the main Hospital, to which they go under escort, and during recreation periods, they have opportunities for attending voluntary educational classes in reading and writing and coaching classes in games.

There is a small hard-core of 5 or 6 persistent offenders with homosexual or criminal propensities whose stay may have to be prolonged, but it is felt that the results of the experiment have been extremely encouraging.

An article by Dr. Morris in the American Journal of Mental Deficiency, November 1957, gave a full description of the design of the Villa, which was specially built for the purpose, and it is hoped later that a description of the experiment with some typical case histories may be published.

Special Schools

In an attractive brochure on "The Education of Handicapped Pupils" compiled by the Liverpool Teachers' Advisory Committee, there is a useful summary of the legal provisions affecting educationally subnormal children together with reassuring information for parents about Special Schools and their purpose.

The brochure, which is attractively produced with a number of photographic illustrations, discusses the provision made in Liverpool for every type of handicapped child and is prefaced by a historical note. Copies can be obtained from the Education Offices, 14 Sir Thomas Street, Liverpool, 1, price 2s.

Camping for Mental Hospital Patients

In the *Hospital and Social Service Journal* for February 14th, 1958, there appeared a spirited account of a fortnight's camping holiday provided for a group of patients in the De La Pole Hospital (near Hull), written by one of the Hospital medical officers who took part in it.

The patients selected were the six most difficult groups from the social and group therapy wards, including schizophrenics, epileptics, and some violent refractory patients who had been in the hospital between 15 and 20 years. The camp consisted of hutments in a field stretching down to the cliff edges giving access to the sea. During the day the camp was staffed by nurses from the hospital working their ordinary shifts and returning home each afternoon and evening. Two retired charge nurses took night duty and one charge nurse, one staff nurse and a medical officer were there the whole time, and the Physician Superintendent paid a prolonged visit each weekend.

The experiment was successful beyond all expectation. To quote from Dr. Archer's article :

> "As the days quickly passed, these hitherto 'forgotten men' changed out of all physical and mental recognition. Grins on sun-bronzed faces, then laughter, gradually replaced the grim, petulant, scowling countenances seen at the beginning. . . . With emphasis on continual movement of the patients, the fresh air and sunshine, and the abundant good food, medicines were discontinued after the third day. By the time 8 p.m. came each evening, all patients were healthily tired with sleep almost overtaking them as they undressed. Apart from the usual high-spirited bouts of fisticuffs, all of the patients behaved exemplarily".

It would therefore seem that this type of holiday has an important part to play in the active treatment of long-term and formerly refractory patients.

Music for Psychiatric Patients

Readers who were interested in the article by Mrs. Mair Brooking published in our Autumn issue, may like to know of events in the Music Therapy movement which have taken place recently.

The first Annual General Meeting of the Association for Music Therapy in Hospitals was held on May 1st, when it was reported that in the two years of its existence the Association has encouraged the introduction of music therapy into hospitals (including mental hospitals) by raising funds to provide the services of professional music therapists to help in the rehabilitation of mentally and physically handicapped patients by teaching them to play a musical instrument themselves and to take an active part in choral singing.

The President of the Association is the Countess of Abingdon and Lindsey and the Chairman is the Viscountess Monckton of Brenchley. Dame Myra Hess is Chairman of the Artists' Committee. Its address is : 50 Belgrave Road, London, S.W.1.

Also early in May there took place the Inaugural General Meeting of the Society for Music Therapy and Remedial Music which seeks to promote the remedial teaching of music for psychiatric patients and maladjusted children together with study and research and the training of musicians wishing to work in this field. Miss Juliette Alvin is the Hon. Secretary of the Society and she will be glad to send particulars of membership to anyone who writes to her at 6 Westbourne Park Road, London, W.2.

Neither of these new bodies are likely to overlap in any way with the activities of the Council for Music in Hospitals which, it may be remembered, has for a number of years arranged monthly concerts principally in mental hospitals. Its Secretary is Miss Sheila McCreery, 16 Church Rise, London, S.E.23.

A Psychiatric Social Club in a Rural Area

We have received from the County Medical Officer of Health, Norfolk, a report on a Club which is believed to be one of the first of its kind in a rural county, and which has now been running successfully for over two years.

It was destined to meet the needs of psychiatric patients receiving after-care who were lacking the confidence to join in ordinary community activities, of patients in attendance at out-patient clinics, and of others who were not receiving any active form of psychiatric care. General practitioners in the area were invited to refer suitable cases, and the full support of the two mental hospitals concerned was assured.

The Club meets once a week with an average attendance of 14 out of a membership of approximately 20 (all women). Some 50 patients have so far been helped through it, some of whom have returned to employment or to the full running of their homes. The members have their own Committee with the Chairman of the County Health Committee (Capt. E. Murray-Harvey, O.B.E., M.C., F.R.G.S.) as their President. A magazine is published and activities include group discussions, handicrafts, play-reading talks, periodic outings and social events. Accommodation is provided by the County Council, together with refreshments, but the cost of outings and socials is raised by voluntary effort. The Social Worker and the Medical Officer attend each meeting and new members are welcomed by them and encouraged to discuss their problems.

In view of the undoubted success achieved by the Club, the County Council has now given authority for establishing another one at King's Lynn to serve West Norfolk.

The Royal Commission and the Psychopath

In the current issue of the Journal of Mental Deficiency Research, Dr. E. O. Lewis, whilst greatly welcoming the Report of the Royal Commission views with apprehension the recommendation that a category of the "feebleminded psychopath" should be recognised as a sub-group of patients with psychopathic personalities. He points out that there is no evidence that the feebleminded as a group manifest psychopathic features to a greater extent than any other group, that their basic handicap consists of poor intellectual and temperamental endowments but that their inferiority is within the limits of normal variation of inherited characteristics. Therefore to associate them with "psychopaths", as the term is generally understood, would create a false conception of their true nature and social needs. The use of the term "socially inefficient" he would prefer as an alternative though admitting that it is vague and ambiguous.

Readers who have studied the "Wood Report" of 1929 will remember that Dr. Lewis was appointed by that Committee to investigate the incidence of mental defect and that he made an intensive study in six areas on the results of which his findings for the whole country were based.

International Research Newsletter in Mental Health

The Postgraduate Centre for Psychotherapy in New York, is publishing a quarterly Newsletter to be devoted to "research-in-process and speculation rather than to findings". The Director of the Research Department (Dr. Bernard F. Riess) is anxious to get in touch with workers in other countries who might like to contribute to the Newsletter or to subscribe to it, although for the first year there will be no charge.

Correspondence should be addressed to The Newsletter, Postgraduate Center for Psychotherapy, 218 East 70th Street, New York 21, U.S.A.

Clubs for Handicapped Children

The aim of this enterprise is to help handicapped children and young people in their leisure time, "so that they may develop as fully as possible through regular social activities adapted to their particular needs." It was anticipated, at the outset, that it might provide for all types of handicapped people, but it has been found in practice that its chief value lies in supplying the needs of the mentally handicapped group.

The movement started as the idea of one far-sighted teacher, who though himself in a school for normal children, became interested in children in Occupation Centres who seemed in so many directions to be deprived of those things which go to make fulness of life. With a group of willing helpers he opened a Club in his own locality meeting one evening a fortnight on school premises placed at its disposal. The idea spread rapidly, so much was the Club appreciated, and in Kent alone there are now six Clubs with 105 members and 40 regular voluntary helpers. In twelve other areas plans for Clubs are in active preparation and a number of local societies for mentally handicapped children are becoming interested in the scheme. In addition there is a Club Film for showing at meetings, and a magazine, "Club News" which will appear at intervals (price 1/-).

This is a completely voluntary enterprise, offering a new field of service for those who are concerned with the welfare of mentally handicapped children and their parents, and particulars will gladly be supplied by Mr. J. B. Millwood, 18 Martin Rise, Bexleyheath, Kent. Mr. Millwood will also be glad to give a talk on the Clubs and to show the film to any interested group, or to suggest some other accessible speaker equally familiar with the work.

Reviews

Mental Health and Mental Disorder. Edited by Arnold M. Rose. Routledge and Kegan Paul. 40s.

The emergence of group methods in the treatment of mental illness in this country is still regarded with some suspicion by many workers in the mental health field. There is a tendency to consider the treatment of numbers of patients at the same time as a second best, though most people agree that the shortage of psychiatric time necessarily precludes individual intensive psychotherapy for all but a small proportion of selected patients. Where group treatment has become established, however, interest is growing in the importance and significance of the therapeutic community and the interpretation of roles which are only apparent at first hand in a group setting. It is becoming clearer that the patient is ill in terms of the group in which he is treated and the community in which he lives.

"Mental Health and Mental Disorder" is a collection of papers devoted largely to the exploration of the sociological factors and implications of mental illness, its relationship to cultural trends and its impact on the community in which the patients live. The approach is interdisciplinary and no indication is given of the status of the writers, whether sociologist, psychiatrist, psychologist or anthropologist. It studies in terms of the American scene the social characteristics of the mentally disordered, the variations in type and

frequency in the incidence of mental illness in different settings and the sociological approach to problems marginal to mental disorder. It suggests the 'failure of society to provide adequately for the social roles essential to the mental health of its members' in a changing culture and presses the need for closer communication between sociologist and psychiatrist in research and in the Mental Hygiene movement.

In so lengthy a book it is impossible to do more than touch on those papers which stimulate special personal interest. The concept of psychopathy as primarily a deficiency in role-playing ability and the study of Albert Ritter, a schizophrenic who found himself a role which, while satisfying his personal needs, was out of harmony with the 'shared order of normal persons' and thus led to his being committed, both awaken new interest in the social significance of and the individual's elected role in such disorders. The study of the roles which different members of staff may play in the community structure of a mental hospital and the suggestion that 'anxious authority can be more detrimental to hospital atmosphere than anxious patients' is a challenge to each worker to consider his role in the structure of his own hospital community.

The paper on psychiatry in prison is a devastating criticism of the inability of the psychiatrist to establish his role satisfactorily and have it accepted by other disciplines in the setting of a penological institution and it would be interesting to know how far the experience of English psychiatrists is similar. It would be most interesting to know, for example, whether the finding that the highest rates of social problems and mental disorders both occur where there is the lowest degree of social organisation is true of this country and whether, in a Welfare State, it is still true that types of psychiatric disorder and the ways in which patients are treated are associated with class.

This is a publication which stimulates curiosity and thought about the significance of the mentally disordered individual in modern society, society's part in the genesis of his illness and how far society itself should in fact be regarded as the patient.

M. E. STOCKBRIDGE.

Prescription for Survival. By Brock Chisholm. Columbia University Press, New York 1957. 92 pp. $2.50. London: Oxford University Press. 20s.

This small book contains four lectures given by Dr. Chisholm at Columbia University.

It cannot be recommended too highly. It will take about half an hour to read, but many hours can well be spent in considering the multitude of points made in the author's usual crystal clear yet provocative manner.

R. F. TREDGOLD.

Sigmund Freud—Volume III: The Last Phase. By Ernest Jones. Hogarth Press. Pp. 536. 35s.

The last phase of the life and work of Sigmund Freud 1919-1939, is described with love, devotion, and meticulous care, by his disciple, our own Ernest Jones. The progress and misfortune, the fame and suffering, the last years in Vienna and London, are described in the early chapters with historical reviews of his contributions in Part II, extracts and notes on the cancerous disease from which he suffered—all these provide a unique and important account.

Fortunately the type of cancer from which Freud suffered was evidently of slow growth and he was spared some 17 years after its onset—a period in which he had an outburst of creative mental energy. We must pay tribute to the amazing courage of the man who suffered 33 operations and accepted the disablement, pain, and the prospect of death itself with philosophic resignation. It is pitiable that so great a man should have had to suffer from petty financial troubles (due to inflation and not to any fault of his), also much sorrow in his personal life through the death of a loved grandson, and finally the unparalleled persecution of his race from the Nazis. But there is no doubt of the dedicated nature of Anna's care for him—a true daughter, as Dr. Jones says, of an immortal sire.

A chorus of praise has rightly gone up to Dr. Jones, pupil, collaborator and personal friend, for the completion of this trilogy on the life and work of the Viennese master. The present reviewer, perhaps from a wish to be different, would like to sound a more critical note.

From the point of view of a small-minded worker in the public health field, one must query the value of psychoanalysis to the community, apart from its value to the selected individual. So expensive is it of time, skill, and money, that it is feared that psychoanalysis will have little part in our schemes for the improvement of psychological health of the people. What contribution has it made to public health? Must we not rather look to improvement of the social environment, to the development of existing mental health services, of efforts to bring more physical and psychological health into the family, home and the work-place, and to bring both at home and abroad more peace and goodwill into the world? Can we not allow and encourage the release of spiritual forces, of which Freud said himself he was an avowed enemy?

Nevertheless in spite of all such possible criticisms, mankind will always be grateful to Freud for his love of truth, courage, fairness and for his insight into regions of the mind which were hitherto regarded as unknown and unknowable. J. L. Burn.

Remotivating the Mental Patient. By Otto von Mering and Stanley H. King, University of Pittsburgh. Russell Sage Foundation, New York. Pp.216. $3.00.

The British reader may be repelled by hearing patients described as 'the Sleeper', 'the Fringer', 'the Collector', 'the Grunter', 'the Griper', 'the Goose Egg', 'the Wee One', 'the High Priest', 'the Ward Hero', and 'the Watchers of Doers' but he should not be deterred on this account from reading this remarkable book which gives an entertaining picture of American mental hospital practice.

The style is tortuous and ponderous. When the authors want to say there are both male and female patients they write. "Patient status was no respecter of sex" and describe somebody who volunteered to play the accordion thus, "One visitor who played the accordion donated his time to making old fashioned 'squeeze-box' music".

Mental hospital psychiatrists are clearly not quite socially acceptable in the States and snobbishness is as common as it is here. It is fascinating to read of one Medical Superintendent how "He and his family lived outside the institution and had during the past few years mixed freely with the townspeople" and of a voluntary helper that "Her high social prestige and her strategically placed friends, in the community, to say nothing of her initiative . . ." were most helpful.

The book reveals the truth about the film called *The Snake Pit*. We knew it represented pretty accurately English mental hospitals and it was gratifying to think they were no worse than the American ones but really the film gave a milk and water version of the latter, for example: the authors tell of a ward with 90 patients, ages ranging from 18 to 89, 72 of them in hospital for at least five years, almost all incontinent, hardly any capable of saying anything except in response to hallucinations, a third of them smearing faeces, a third of them always naked, a third frequently requiring restraint and every patient on an average receiving daily an hour and a half of hydrotherapy. (One luckless patient had his wrists restrained for a year and a half and was kept in a shower room for that time because of his incontinence).

They describe with disarming honesty how an attempt was made to socialise some long stay patients who had become institutionalised. One ward was taken for this experiment but before the work was begun the patients were moved round so the average age fell from 60 to 35 and the average stay in hospital fell from 20 to 5 years. A good result was not altogether surprisingly obtained.

The authors impress me as describing truthfully what they have observed and everyone connected with mental hospitals will find the book worth reading despite the way in which it is written. The most interesting thing it describes is how the initiative for

treatment is slipping from the doctor to the nurse and from the nurse to the community and it is at least debatable if this is a good thing. Clearly it can only be for the best that the community should interest itself in the patients but it is bad that doctors and nurses are apparently incapable of providing the greater part of the treatment. There is more to mental illness than a faulty adaptation to life and it would be an error if responsibility for treatment were to shift from the qualified person to the layman who has no knowledge of the probable underlying bio-chemical causes.

To summarise the authors' conclusions; what is necessary for the patients is a simple routine with emphasis on self-respect and feelings for others: the nurses must be kind and allowed to stay long enough with the patient to get to know him and like him and the community must become aware that mental patients are not much different from the rest of us and need urgently the opportunity to mix with normal people, both within and without the hospital.

J. A. R. BICKFORD.

Mental Deficiency: In Relation to problems of Genesis, Social and Occupation Consequences, Utilisation, Control and Prevention. By J. E. W. Wallin, Ph.D. Journal of Clinical Psychology, Brandon, Vermont, U.S.A. 200 pp. $5.00.

Dr. Wallin, who is well known as an author on the subject of mental deficiency, has contributed a very scholarly tome. The title is, however, misleading inasmuch as he deals with only very limited aspects of the subject. He is mainly concerned with reproduction, questions of genetics and eugenics, crime, alcoholism and sterilisation. He has excluded from this book the consideration of educational matters on which he is a recognised specialist, having dealt with these in his other publications. Dr. Wallin has been working in the field for more than half a century and he has accumulated a very vast knowledge of the literature. He excels in destructive argument and exposes many of the fallacies arising from oversimplification of the facts of mental deficiency. In spite of this it is perhaps not surprising that the book has a somewhat old-fashioned atmosphere, and it is regrettable that the author should end with the general conclusion that the sovereign remedies for mental deficiency are colonisation and sterilisation. These conclusions do not seem to follow logically from the evidence which the author himself has presented, and are contrary to the current trend in mental deficiency practice, particularly in this country. Whilst most of Dr. Wallin's comment is cautious and careful, it appears that in the section dealing with eugenics, he has allowed himself to be carried away by the strength of his conviction. He seems here to lack that humility, the need for which is becoming more widely recognised in those who approach the difficult subjects of social

reform touching on mental deficiency. He exhibits an almost Victorian confidence in the superior wisdom of the social scientist who will be able to decide which people should reproduce and which have undesirable qualities, and will be able to explain to mothers that it is necessary that they should love their children if they are to become successful citizens. The section dealing with Malthusian problems of over-population also seems a little dated; indeed much of the work discussed and criticised in this volume is no longer accepted, and has been replaced by more modern work. Despite these criticisms, however, this book is extremely valuable, especially for reference purposes and contains a mine of information, much of which has been very critically sifted. It can heartily be recommended for those interested in research into the social aspects of mental deficiency.

BRIAN H. KIRMAN.

Family and Social Network. By Elizabeth Bott. Tavistock Publications. 30s.

This is a sociological study of twenty urban families in Greater London and it forms part of a research project shared between the Tavistock Institute of Human Relations and the Family Welfare Association. The families studied were "ordinary families" and this concept was used in clarifying the project to the subjects of the research as they were gradually accumulated. Data was sought about the family as a social system and also about the unconscious components of the husband-wife relationship and their personalities. The book develops a concept of the family not so much as a group, but as part of a network of relationships with kin, non-kin, institutions, social services, etc. This network may vary from "close-knit" to "loose-knit". The central deduction made is that the degree of segregation in the relationship of husband and wife varies directly with the "connectedness" of the families' social networks. In those families with a high degree of "connectedness" most activities including leisure ones are pursued independently by husband and wife. In such families there tends to be rigid and static division of tasks. On the other hand those families with a low degree of connectedness tend to the pattern where activities, decisions, interests and tasks are shared and functions are readily interchanged.

It is difficult to review this book in small compass as its 252 pages contain so much that is arresting and likely to be valuable to those interested in social work and social research.

In an excellent summarising chapter, Miss Bott says, "An attempt has been made in this book to analyse several types of variation—variation in conjugal roles, in network connectedness, in behaviour towards kin, and in concepts of class and norms of

conjugal roles." All this and more is successfully and honestly done and one admires the pervading judiciousness with which she makes her deductions. As she herself says in her introductory chapter: *"The achievement of research consists not so much in finding complete answers as in finding interesting questions to ask."*

As a Psychiatric Social Worker, I found myself wondering what the finding might be if a similar study were made of families referred for psychiatric help either to a Child Guidance Clinic or to an adult Out-patient Department. Miss Bott in her summary, outlines possible extensions of the present work and ways in which the central hypothesis might be tested out. Of particular interest in these times of mobility and social disintegration would be studies of families in transition, e.g. moving to remote housing estates. She also suggests similar studies of families moving into a new phase of family life, e.g. on the advent of the first child, etc. Miss Bott would also suggest comparative studies of parent-child relationships in families of varying degrees of "connectedness" to assess the psychological consequences to children. Her own study would seem to indicate that in the close network family, the mother-daughter relationship is a strongly emotional one.

Apart from its main theme thus briefly outlined above, there are many interpolations on the problems and the methods of social research which add a gem-like sparkle to an already rich presentation. This is a book to be commended to all who are interested in patterns of living. It will be stimulating to research workers and should add new purpose and point to the daily practice of case work and it has implications for preventive mental health.

MARION B. H. WHYTE.

The Mind of the Murderer. By W. Lindesay Neustatter, M.D., B.Sc., M.R.C.P. Foreword by Lord Pakenham. London: Christopher Johnson. 232 pp. 25s.

Murderers, if detected, have to be dealt with. Since they often present psychological problems, doctors are often involved. The issues then become medico-legal. This book is designed to illustrate the complexity of such problems.

Cases are cited, some from the author's professional experience, of murders committed under the influence of schizophrenia, hysteria, mental deficiency, paranoia, epilepsy, melancholia, and lowering of the blood sugar, and of murder by psychopaths, with reference to the background of the crime, the mental state of the criminal and the legal outcome. In some instances the data inevitably fail to satisfy the enquiring mind, but (apart from too many misprints) they are here well presented, essentially in terms comprehensible to the layman for whom the book is primarily intended.

The subject is topical. From 1843 until 1957, murderers in whose case questions of insanity arose, were dealt with in England and Wales under the McNaughton Rules. While the recent Homicide Act retains these, it introduces the concept of diminished responsibility (already used in Scottish law) and alters the law as regards provocation. These changes not only alter the possibilities of defence in murder trials and so involve new medico-legal issues, but call for some re-evaluation of the whole question of penal action on a psychological basis. The cases presented here raise repeatedly the problems of culpability and responsibility which can be so hard justly to decide. The author wisely refrains from didactic attempts at solution, with the effect of making the reader think for himself. The Homicide Act itself is set out in an appendix.

MAURICE PARTRIDGE.

The Slow Learner. By M. F. Cleugh. Methuen. 13s. 6d.

This is an excellent book which could well be read by all teachers and administrators who have to do with the education of the educationally subnormal child. The author puts across her point of view that the teaching of the slow-learner and the attitude and approach needed for him ought not to be confined merely to E.N.S. children. She feels that these ways of teaching should spread out to other teachers and classes. The author sees the danger of putting difficult children into E.S.N. schools to the exclusion of the merely intellectually dull. It is brought home to one how chancy a thing ascertainment is.

The basis of proper provision for special educational treatment is to be found in adequate ascertainment, and adequate ascertainment does not exist under any local education authority at present. About half of those who are believed to be present in the population are found and ascertained by pot-luck only.

Dr. Cleugh touches upon the practical difficulties of classes in the E.S.N. schools with great sympathy and understanding and suggests practical solutions. She adds a word of warning against the E.S.N. schools becoming too big, and this is a warning which surely everyone ought to take to heart. She makes it clear that the pressure for places for permanently very dull children is so great that the use of an E.S.N. place for children who are badly retarded, say in reading, would be a mis-use of the places available. Such a placement would merely introduce a shifting population to the school when one of its virtues ought to be its stability.

The problem of special education is also dealt with in the setting of the ordinary school. We are warned, wisely I think, that to confine special treatment to one class may well mean the teachers in other classes think that their children need no special help. The benefit of better teaching would then be restricted to the special

classes only. Far better to arrange things so that the rest of the school may also learn to use the methods that work with the special class.

There is a section of valuable observations on the training of teachers. In fact to ensure adequate provision in the future a supply of adequately trained teachers with the right human qualities is absolutely essential. Our present efforts to cope with the slow-learner are stop-gap methods which can have no permanent effect in the long run.

PETER SECRETAN.

The Family Life of Old People. A Survey by the Institute of Community Studies. By Peter Townsend. Routledge & Kegan Paul. 30s.

This is an account by a sociologist of his investigations into the family life of 203 old people drawn at random from the lists of medical practitioners in Bethnal Green. The volume forms the second of a series of family studies undertaken by the Institute of Community Studies, and it continues the theme of the first, Family and Kinship in East London by Young and Wilmott, bringing out even more vividly the part played by the extended family.

In this context the extended family is defined as a group of relatives comprising more than an immediate family who live in one, two or more households and who see each other every day or nearly every day. Within this group the old person, particularly the old woman, is supported to the end of life. The remarkable thing about old age is that it does not signify abrupt change but emphasises the continuity of family life. Although 25% of the old people studied were living alone, and 29% in married pairs only, this did not imply that they were isolated. Separate living was the result of a preference for independence so long as the important relatives, especially daughter and grandchildren, were near enough to be seen frequently. Companionship and help were then assured on desirable terms, for Mr. Townsend shows that the closeness of family ties depends greatly upon reciprocal services. It is not just that children visit and look after their old parents from a sense of duty, but that the old people still perform necessary tasks in family life centred in a three generation interchange. This is most frequently grandmother, daughter and grandchildren. The grandmother gradually relinquishes household tasks as infirmity increases but remains able to cook dinner for children and grandchildren when, perhaps, they have to do her shopping or fetch her pension for her.

It is a difficult book to summarise for the excellent reason that the author does not allow statistical averages to hide the complexities and variations of family structure. His method of

work is most ingenious and he has demonstrated how perception and understanding of human needs may control and use a statistical method. One example of this, and a very striking one, is the way in which isolation and desolation are examined as causes of loneliness in old people.

It is bereavement leading to loneliness, retirement for men or inability to continue to serve the family for women, which stand out as the tragic aspects of old age. Old people feel desolate or useless more often than isolated.

Isolation is an important social problem of old age but, if Bethnal Green proves to be typical, it concerns not more than 10% of old people, those being unmarried, childless, or peculiarly lacking in relations. Many even of the unmarried or childless seem to find for themselves a substitute three generation family into which they are adopted. A convincing plea is put forward for considering the background of the "normal" old person, secure in family ties and reciprocal services, in the planning of social services for those who are quite or partly isolated and so need public care.

Mr. Townsend seems too perceptive to have ignored psychological disorder if he came across it. Only one old person is mentioned as having been in a mental hospital. He met the markedly eccentric but rarely seems to have come across senility. It could be significant that this sample of old people came from a relatively immobile stable population. Many had lived in the same house for 20–40 years.

To those old people studied, the extended three generation family seemed to be the "supreme comfort and support"; and the evidence suggests that it will continue to be so because of its capacity to adapt to changing circumstances.

Given the health and flexibility of the extended family a related question, perhaps unanswerable, is what price does the individual pay for this kind of security? Avoidance of friction is shown to be an important factor in shaping the trend of family and community relationships, although obviously love and hate are still lively between close relations. It would be interesting for the study of mental health to discover what happens to the misfits or those individuals who cannot be contained in the structure of the extended family. Some are undoubtedly in the isolated group many of whom are discussed in a chapter on those who claim state care. Are there others who have been successfully or unsuccessfully the true agents of change?

These questions are not intended to detract from recommendation of this book. Everyone interested in social services for old people may study it with much profit, as well as those who have a will to understand and communicate with people among whom they live.

H. E. HOWARTH.

Telling the Teenagers. By Rose Hacker. Andre Deutsch. 8s. 6d.

This is an excellent book. Its smallness and lightness enable it to be easily carried about and give no indication of the vast amount of well-chosen information it contains. In a book of the kind, the problem must always be to select the information and to give a fair proportion to all the aspects of life which should be represented, and this Mrs. Hacker has managed to do in simple language, which can be understood by all, without technical terms.

She must be in a unique position, by virtue of her experiences—of work in connection with care committees, nursery schools, a child guidance clinic, a reception centre, the management committee of a mental hospital, and the Marriage Guidance Council—to give answers to the questions of puzzled and confused young people of all classes. In these experiences, the foreword says that she found herself tracing distress and disaster to their source in unhappy or broken homes. And the effect of the book would be to help young people, in choosing partners and making homes of their own, to avoid the attitudes which lead to such unhappiness.

She comments :

> "We can none of us feel proud of the world we have made for our children. The least we can do for them is to help them to find their way about in this jungle. Signposts are few and point bewilderingly in conflicting directions and there is unlimited freedom to get lost."

Probably more young people are in this position than ever before. The teenagers of to-day belong to an age where mothers have gone out to work to an extent undreamed of before the last war, and the home influences have been greatly altered by this fact.

In this book all the most pressing questions likely to be asked are answered from a wide experience of life and a sound background of appropriate analytic theory, giving depth. And the relationship between the spiritual and material aspects of life is never lost.

There is material here for several books. Each chapter is headed by a list of typical questions covering the fields of boy and girl friendships, love, family life and sex, engagement, trial marriage, marriage and home-making; the grouping into chapters is well done and the book is at all times very interesting reading.

There is at the end an extremely useful list of addresses of bodies from whom further advice may be sought on specific problems, and a list of suggestions for further reading.

D. N. Jones.

Towards a Measure of Man: The Frontiers of Normal Adjustment. By Paul Halmos. Routledge, Kegan & Paul. 28/-.

In his preface Dr. Halmos explains that his book seeks to establish whether normal and abnormal are definable concepts and whether, by defining them an absolute measure of man can be educed.

He takes us through the evidence starting from first principles and relying on information from many fields. This line is pursued up to page 205 when the author's purpose is again expressed and he explains why it was necessary to search for a psychological norm before one could discover a sociological one. Having established the "fundamental needs of man" the author attempted to define normal conduct and normal personality or in default of these the minimum area of abnormality. "To me," he says, "the psychological abnorm is simultaneously a moral abnorm: it tells me what man shall not be."

It is useful to be reminded of the author's intent at this rather late stage in the book, for it is easy to forget it in the intervening pages. These are rendered somewhat tedious by the very large number of quotations from and references to metaphysicians, biologists, psychologists, poets and others, ranging from St. Paul to G.B.S., from Socrates to Zhdanov and from Euclid to Lobatchevski.

We are taken through an examination of the phylogenetic and ontogenetic background of man's social need and thence to the concept of adjustment. Later the author examines the thesis that some degree of imbalance is necessary for exceptional performance in creative art, science and politics. He quotes among others Democritus who thought "that none but brain-sick bards could taste of Helicon and Durkheim who wrote that there were necessary imperfections without which society could not function. Halmos finds no evidence to support this view.

The latter part of the book is more lucidly written and deals with the psychological mechanisms involved in the process of obtaining insight and the ethics of insight-giving. "Insight," he says "is both the beginning and end of all psychological observation", but resistance against it is strong because "we have accustomed ourselves throughout the years to think and feel in certain ways. "Without insight, however, comprehension of what we observe is impossible and people might not accept the evidence for the existence of the human 'Abnorm.' "

The book is, in the main, directed toward sociologists whom the author encourages to adopt a more constructive approach in their search for "social truth" and for positive norms of living.

Society can no longer afford to wait for absolute certainties but must act now. The alternative, Halmos warns, would be global suicide since we now possess the technical means of complete destruction.

The book is not easy to read. It is speculative and as such provides interest and food for thought, but not always in palatable or digestible form. The fact that it is really a "string of essays" may help to make the self-encapsulated form of the chapters more acceptable, and although it makes the reviewer's task harder it may help sociologists to recognise that this is a stimulating book of considerable interest.

IRENE HERZBERG.

Bridging the Gap. Edited by R. F. Tredgold. Published by Christopher Johnson. 30/-.

This book achieves what it sets out to do in that it bridges the gap between the experts in the field of mental health and the reading public. Another gap which is skilfully bridged is that which often occurs when each chapter has a different author. Doctor Tredgold creates a unity by his editing which makes it very readable.

The book considers objectively the various complaints and attitudes of the public as recorded in their own letters and accepts, as Dr. Bickford says in chapter VII : "That criticism does provide a guard against the ruthless use of power." Most of the authors have not themselves come across such abuses of authority and one feels that if they had, such matters would have been dealt with swiftly. They do appear to agree that all these stories are not due entirely to the illness of the letter writers and accept a joint responsibility, rather than offer excuses.

We are taken through the whole process of care for the mentally ill. The first part of the book is devoted to discussing what treatment is available outside the hospital setting, and we start in the patient's own home where a consultation may be given in an easier atmosphere, on through the work of an out-patient clinic along the "Way to Hospital", a chapter in which a welcome tribute is paid to the mental welfare officers who "carry out their duties with tact, understanding and sympathy". E. W. Dunkeley in his chapter on the observation ward offers comfort and reassurance to the relatives of anyone admitted to a mental hospital for the first time and clearly sets out the legal position of the patient, which is given in greater detail in Appendix I.

The middle chapters of the book which deal with hospital care are forward looking and in tune with the report of the Royal Commission as are the chapters of rehabilitation; here one feels much more must be done to educate employers as to their responsibilities in accepting patients who need to work in order to regain their health and self-respect.

The remaining part of the book discusses special problems, such as mental deficiency; the first of these two chapters was depressing and seemed rather out of sympathy with the rest of the book. Doctor Stafford Clark's article on psychopaths will help to clear the minds of many of the public who are suffering from the over-use of this term by the daily press. Care of the aged and the legal position of attempted suicides are also discussed.

Finally we are given some facts and figures and the present staffing situation in mental hospitals is considered in the light of the recommendations of the Royal Commission. We then come again to the main burden of the book; how are we to educate the public so that the "'Horror of stigma' and its unnecessary misery will vanish like a nightmare before the dawn"?

HILARY HALPIN.

This is Stevie's Story By Dorothy G. Murray. Brethren Publishing House, Elgin, Illinois, U.S.A. $1.00.

The number of books written by parents describing their own experiences in bringing up a mentally handicapped child, is steadily growing and we welcome this one which has come to us from the United States.

It is a straightforward, unemotional story told with a notable attempt to eliminate self-pity and sentimentality, and with an unusual degree of insight and frankness. The advice given on ways of dealing with the problems which have to be faced and the attitudes which make it more possible to face them fairly and squarely, should be found of value, not only to parents but to social workers also—particularly in connection with the pros and cons of institutional care and all the factors which must be taken into account in coming to a wise decision about it.

The progress made in recent years in meeting the needs of the mentally handicapped child—a campaign in which the writer of this book has played a considerable part in her own country—is strikingly illustrated by the answer given to her eight years ago by a physician who, despite first hand experience in a training school for mental defectives, when asked: "Is there anything I can get to read that may help me in knowing how to care for Stevie and train him in some way?" replied, "There is not." And yet one wonders how often even today, a similar reply is given.

A. L. HARGROVE.

LETTER TO THE EDITOR

Sir,

In his article on the effects of television upon children ("Mental Health," Spring 1958), Dr. Rudolph suggests a conclusion not necessarily warranted by the evidence presented.

He says "it would seem obvious that (films) can teach undesirable subjects such as cruelty, lack of feeling for others, etc., and concludes "these investigations . . . confirm this view." The evidence shows that when television is watched by certain institutionalised mental defectives, there is an increase in the recorded number of anti-social acts committed by them. It seems an extravagant step to conclude from this that television has "taught" them "undesirable subjects". The increase in bad behaviour is *consistent* with their having learnt bad behaviour from the television, but that this is so is not *confirmed* by the findings given. It is, of course, the fallacy of *"post hoc ergo propter hoc"*.

This logical point seems worth making since the effect of television, films, comics, etc., is a topic—like corporal punishment and hanging—which arouse deep feelings, and so one upon which strict adherence to evidence is perhaps especially desirable. The fact that television has a disturbing effect on Dr. Rudolph's children is certainly a finding in need of explanation. We cannot be sure it is to be explained as simply as Dr. Rudolph suggests. After all, the explanation could, conceivably, be something entirely different (say, that the availability of television to the children made the staff less tolerant!).

Yours faithfully,

Child Guidance Clinic,
51 London Road,
Canterbury.

L. F. Collins,
Educational Psychologist.

Recent Publications

Books

Chronic Schizophrenia. By Thomas Freeman, John L. Cameron & Andrew McGhie. Preface by Anna Freud. Tavistock Publications. 21/-.

Personality & Motivation Structure & Measurement. By Raymond B. Cattell. Geo. Harrap & Co. 55/-.

Religion & the Psychology of Jung. By R. Hostie. Translated by G. R. Lamb. Sheed & Ward. 16/-.

Psychopathic Personalities. By Harold Palmer, M.D. Peter Owen Ltd. 30/-.

A Man Against Insanity. By Paul de Kruif. Hutchinson & Co. 16/-.

Hospital Treatment of Alcoholism. Meninger Clinic Monograph Series, No. 11. By Robert S. Wallerstein, M.D. & Associates. Imago Publishing Co. 42/-.

Text Book of Psychiatric Nursing. By Arthur P. Noyes, M.D. Edith M. Haydon, R.N., A.M. & Mildred van Sickel, R.N. M.S. 5th Ed. New York & London: Macmillan Co. 35/-.

The Nursing of Mental Defectives. By Chas H. Hallas, S.R.N., R.MN., R.N.M.D. Bristol: John Wright & Sons. 21/-.

Mental Deficiency Nursing. By John Gibson & Thos. French. Faber & Faber. 12/6.

THE MATRIX OF MEDICINE: SOME SOCIAL ASPECTS OF MEDICAL PRACTICE. By Nicolas Malleson, M.D., F.R.C.P. Pitman Medical Publishing Co. 45/-.

DRUGS & THE MIND. By Robert S. de Ropp. Victor Gollancz. 18/-.

MARRIAGE COUNSELLING: A DESCRIPTION & ANALYSIS OF THE REMEDIAL WORK OF THE MARRIAGE GUIDANCE COUNCIL. By J. H. Wallis & H. S. Booker. Routledge & Kegan Paul. 25/-.

HUMAN NATURE & CHRISTIAN MARRIAGE. By W. P. Wylie. S.C.M. Press. 8/6.

MAN & WIFE TOGETHER. By Kenneth Greet. Epworth Press. 4/6.

THE PROBLEM OF DIVORCE. By Robert S. W. Pollard. C. A. Watts & Co. 12/6.

WHERE LOVE IS: THE FOSTERING OF YOUNG CHILDREN. By Josephine Balls. Preface by Dr. John Bowlby. Gollancz. 16/-.

CHILDREN UNDER FIVE. By J. W. B. Douglas & J. M. Blomfield. Allen & Unwin. 21/-.

COLLECTED PAPERS: THROUGH PAEDIATRICS TO PSYCHO-ANALYSIS. By D. W. Winnicott. Tavistock Publications. 35/-.

YOUNG CHILDREN IN HOSPITAL. By James Robertson. Foreword by Ronald MacKeith, D.M., F.R.C.P. Tavistock Publications. 4/6.

EDUCATIONAL PSYCHOLOGY & CHILDREN. By K. Lovell, B.Sc., M.A., Ph.D. University of London Press. 18/-.

PSYCHOLOGY IN THE CLASSROOM. By Rudolf Dreikurs. Staples Press. 18/-.

PROGRESS IN CHILD CARE. By Audrey Wilson. National Children's Homes, Highbury Park, London, N.5. 7/6.

A STORY ABOUT YOU: THE FACTS YOU WANT TO KNOW ABOUT SEX.

WHAT'S HAPPENED TO ME?: SEX EDUCATION FOR THE TEENAGER. By Lerrigo, Southard & Senn. Heinemann. 7/6 each.

ADULT EDUCATION: A COMPREHENSIVE STUDY. By Robert Peers. Routledge & Kegan Paul. 35/-.

CAUSES OF CRIME: AN INVESTIGATION OF CRIME TODAY. By Lord Pakenham. Weidenfeld & Nicolson. 25/-.

TEACH THEM TO LIVE. By Frances Banks, M.A., Foreword by Lord Birdett. Max Parrish. 30/-.

LIVE & LET LIVE: THE MORAL OF THE WOLFENDEN REPORT. By Eustace Chesser. Heineman. 8/6.

HOMOSEXUALITY: A SUBJECTIVE AND OBJECTIVE INVESTIGATION. Edited by Charles Berg (British Edition) & A. M. Krich (American Edition). Geo. Allen & Unwin. 30/-.

THE PSYCHIC SENSE. By Phoebe D. Payne & L. J. Bendit. Revised Edition. Faber & Faber. 16/-.

PRESCRIPTION FOR SURVIVAL. By Brock Chisholm. New York: Columbia University Press. London: Oxford University Press. 20/-.

EMOTIONAL CONFLICT. By Peter Fletcher. Foreword by Dr. Eustace Chesser. Great Pan Books. 2/6.

A PRIMER OF FREUDIAN PSYCHOLOGY. By Calvin S. Hall. A Mentor Book. New American Library. 3/6.

THE DOOR OF SERENITY: A STUDY IN THE THERAPEUTIC USE OF SYMBOLIC PAINTING. By A. Meares. Preface by E. Cunningham Dax. Faber & Faber. 21/-.

EDUCATIONAL & OTHER ASPECTS OF THE 1947 SCOTTISH MENTAL SURVEY. Scottish Council for Research in Education. University of London Press. 15/-.

THE TIME SPAN OF DISCRETION IN JOB ANALYSIS. By J. M. M. Hill. Tavistock Publications. 3/6.

HOME CONDITIONS: A SOCIOMEDICAL STUDY OF 1,066 HOSPITALIZED PATIENTS WITH SKIN & VENEREAL DISEASES. By Esbern Lomholt. Rosenkilde & Bagger. Copenhagen. 1,400 Dan.kr.

THE INDIVIDUAL PSYCHOLOGY OF ALFRED ADLER. Edited and annotated by Heinz L. Ansbacher & Rowena R. Ansbacher. Geo. Allen & Unwin. 30/-.

PSYCHO-LOGICS & POSTURE. The Postural Dynamics of Dr. Ida Rolf. By Rev. Denis Lawson-Wood, Ph.D. C. W. Daniel Co. 2/6.

MANAGEMENT OF THE HANDICAPPED CHILD: Diagnosis, Treatment & Rehabilitation. By H. Michal Smith. Foreword by A. Gesell. Grusse & Stratton. 46/-.

Reports and Pamphlets

MINISTRY OF EDUCATION. List 70 (1957). Independent Primary & Secondary Schools recognised as Efficient. H.M.S.O. 7/-.

LONDON COUNTY COUNCIL. Report of County Medical Officer of Health & Principal School Medical Officer for 1956. Staples Press. 2/6.

WELFARE NEEDS OF MENTALLY HANDICAPPED PERSONS. Report issued by Scottish Advisory Council on the Welfare of Handicapped Persons. H.M. Stationery Office, Edinburgh. 1/3.

BETHLEM ROYAL HOSPITAL & MAUDSLEY HOSPITAL. Triennial Statistical Report, 1952-54. Edited by C. P. Blacker, M.D., F.R.C.P. 10/6.

REGISTRAR GENERAL'S STATISTICAL REVIEW OF ENGLAND & WALES FOR THE YEARS 1952 & 1953. Supplement on Mental Health. H.M. Stationery Office. 11/6.

INSTITUTE OF PSYCHIATRY, MAUDSLEY HOSPITAL. Report for 1956-57.

NOTES ON MENTAL FRAILTY IN THE ELDERLY. National Council of Social Service, 26 Bedford Square, London, W.C.1. 1/-.

THE CARE OF THE ELDERLY SUFFERING FROM MENTAL DISORDERS IN THE LONDON AREA. National Council of Women, 36 Lower Sloane Street, London, S.W.1. 1/-.

FAMILIES WITH PROBLEMS: A NEW APPROACH. Council for Children's Welfare, 23 Tillingbourne Gardens, London, N.3. 2/-.

THE CHILD AND THE SOCIAL SERVICES. By D. V. Donnison & May Stewart. Fabian Society, 11 Dartmouth Street, London, S.W.1. 3/-.

SOME CONSIDERATIONS OF EARLY ATTEMPTS IN CO-OPERATION BETWEEN RELIGION & PSYCHIATRY. Symposium No. 5. Group for Advancement of Psychiatry, 1790 Broadway, New York, 19.

COMPARATIVE ANALYSIS OF ADOPTION LAWS. United Nations Dept. of Economic & Social Affairs. New York, 1956. H.M. Stationery Office. 1/9.

NOTES ON THE ASSESSMENT OF EDUCATIONAL NEEDS OF CHILDREN WITH CEREBRAL PALSY. National Spastics Society, 28 Fitzroy Square, London, W.1. 1/-.

CEREBRAL PALSY TODAY. By Alan Moncrieff. Address given at Annual Meeting of British Council for Welfare of Spastics, November 1957. 1/6 post free, from 13 Suffolk Street, Haymarket, London, S.W.1. 19 Manchester Street, London, W.1. 5/-.

IDENTITY. Introductory Study No. 1. World Federation for Mental Health, 19 Manchester Street, London, W.1. 5/-.

Summer 1958

NEWS MH LETTER

ISSUED BY THE NATIONAL ASSOCIATION FOR MENTAL HEALTH
MAURICE CRAIG HOUSE · 39 QUEEN ANNE STREET · LONDON, W.1
TELEPHONE: WELBECK 1272 PRICE 3d.

NEWS FROM LOCAL ASSOCIATIONS

Cambridgeshire

The current Annual Report of the Cambridgeshire Mental Welfare Association contains an interesting section on "Group Therapy and the Community Care of Mental Defectives" contributed by Mr. J. Rose, one of the two psychiatric social workers on its staff. He describes an experiment in group work with two adult male defectives of borderline imbecile level with whom he talked in a series of twenty sessions, which led him to the conclusion that this method of help, in addition to "manipulation of the environment" had an important part to play in dealing with the mentally handicapped which should not be overlooked by social workers.

Wisbech, Cambs.

The Eighth Report of the Wisbech Voluntary Committee for Mental Welfare records an increased attendance at its "Blue Bird Club", originally started as a part-time Occupation Centre in 1949. In 1955 with the opening of a full-time Centre by the County Council, the Club has been used for older defectives and for observation in the case of young mentally handicapped children who may later be eligible for full-time training. The Club meets one afternoon a week under its Supervisor, and receives many forms of voluntary help.

Devon and Exeter

The Devon and Exeter Association for Mental Health reports four well attended meetings held in Barnstaple during its 1957-58 session, in addition to others held in Exeter. Topics discussed have included : Alcoholism, Mental Illness and Mental Deficiency, Problems of Old Age, Ethics of Punishment, "A Two Year Old goes to Hospital", Moral Responsibility, Child Guidance, and Probation.

Staffordshire

At the Mental Health Exhibition arranged by the Birmingham Regional Hospital Board at St. George's Hospital, Stafford, the Local Association made itself responsible for a bookstall for which N.A.M.H. literature was supplied. The 38th Annual Meeting was held recently addressed by Dr. Christie W. Gordon, Senior Administrative Medical Officer of the Birmingham Regional Hospital Board.

York and District

During the year, covered by this Association's Third Annual Report representatives have been sent to various Conferences in order that they may bring back information of value to the Association in carrying out its work of educating public opinion on mental health matters particularly in connection with the recommendations of the Royal Commission. Members of the Committee gave useful help at the N.A.M.H.'s bookstall at its Conference on "Mental Nursing: A Challenge to Youth" held in York in October 1957. The showing of the film "There was a Door" at a meeting at Bootham Park in April was attended by a large and representative audience and followed by a worth-while discussion.

North-East Lancashire

This Association, based on Burnley, held its first Annual General Meeting in April 1958. During the year several interesting meetings with speakers and discussion were arranged, and a Psychiatric Social Club has been started, held on the premises of the Burnley General Hospital, for psychiatric patients awaiting discharge and for ex-patients. In its early stages, assistance is being given by members of the Association and by the staff of the Hospital's Psychiatric Unit, but the ultimate aim is that Club members themselves should direct activities. Members also staffed a bookstall of N.A.M.H. literature at the Mental Health Exhibition run by the Manchester Regional Hospital Board at the Burnley Hospital.

Northern Local Associations' Conference

The Northern Committee of the N.A.M.H. arranged, on 15th March, a Conference held in Manchester on "Voluntary Work for Mental Health in the Local Community". This was primarily intended for members of Local Associations, and was well attended by representatives from Sheffield, St. Helen's and North-East Lancashire, Wirral and York. In addition, there were delegates from other voluntary and statutory bodies in the Manchester area, including the National Society for Mentally Handicapped Children and the W.V.S., and representatives of various Ministries and of Regional Hospital Boards.

The chairman of the Conference was Mrs. J. Kelley (Governor of H.M. Prison, Askham Grange, York and Chairman of the Local Associations' Sub-Committee of the Northern Branch). Dr. Doris Odlum was the chief speaker and her stimulating paper provoked a stream of questions and contributions to the discussion. In the afternoon members divided into Groups whose leaders concentrated the discussion on one or two of a number of topics previously suggested by Dr. Odlum, e.g. the return to normal life after a mental breakdown, co-operation with Local Authorities in providing preventive services and helping the "inadequate" patient. When the Conference reassembled, the findings and suggestions of the Groups were reported, and Dr. Odlum summed up.

It is considered that this event was particularly successful in meeting the current needs of Local Associations in the North, and it is hoped that the work of each has been enriched through the opportunity it gave for the exchange of ideas. The delegates from other organisations, who took a full part in the proceedings must also have acquired additional knowledge of the scope and value of voluntary work for mental health.

Northern Committee

In addition to the Conference of Voluntary Associations noted above, our Northern Committee reports the following educational activities:

For Medical Officers of Health

A residential course for Medical Officers of Health was held in Leeds from April 11th to 19th. The subject was "Mental Health in the Public Health Field," and Dr. W. Mary Burbury acted as Director of Studies.

This was a pioneer venture, both for the Northern Committee and in the country as a whole, and the appreciation shown by the eleven medical officers in attendance was most encouraging. Amongst them the Committee was glad to welcome a member of the United States Public Health Service. It is hoped to arrange a study week-end for the same group in the early autumn, which should give an opportunity for discussion about further developments in this field.

For Mental Health Workers

The Second Refresher Course, which began in September 1957, was completed by a final residential period from March 24th to 28th this year when Miss M. B. H. Whyte again acted as Director of Studies. 24 experienced mental health workers from 16 employing authorities attended the Course.

Plans for a third Course are well advanced. 30 students from 21 employing authorities have been accepted, 12 of these from authorities who have previously sent students. It is an indication of the increasing value attached to this Course that a waiting list has had to be opened.

For the members of the first Course (1956-57), a Reunion Study Weekend has been held, when the programme included two papers by students dealing with work they had been undertaking.

Course for Speakers from Voluntary Organisations

On May 20th and 21st there was held at Queen Anne Street, organised by the Public Information Department, an introductory course for speakers with the object of supplying background information to members of voluntary bodies wishing to give general non-technical talks on mental health to meetings of their organisations.

The speakers on the first day were Dr. T. P. Rees and Dr. D. Stafford-Clark; on the second day talks were given by Dr. J. Fry (a general practitioner), Dr. A. B. Monro (a physician-superintendent of a mental hospital), Mr. T. G. Rankin (a mental welfare officer), Dr. Elizabeth Tylden (Stepping Stones Club, Bromley) and Mr. J. H. Richardson (League of Friends of Cane Hill Hospital).

The following organisations were represented:

British Red Cross Society, League of Friends of Hellingly Hospital, London Transport Board Staff and Welfare Department, Methodist Church Department of Christian Citizenship, Mothers' Union, National Federation of Women's Institutes, Northants. Standing Conference of Women's Organisations, Women's Citizens' Association, Women's Voluntary Service.

Voluntary Workers in Mental Hospitals

The N.A.M.H. Public Information Department has made enquiries of all mental and mental deficiency hospitals to find out how much help they are receiving from voluntary organisations, what form this help takes, and how much more is needed and would be welcome.

The Survey covers the whole of England and Wales and supplies information as to which hospitals have Leagues of Friends, and Clubs for ex-patients, and which voluntary organisations are active in each hospital. A limited number of copies of the Survey are available and can be obtained from the N.A.M.H., price 2s.

Training and Education Department

A Day Conference on the subject of "Development in Handicapped Children" was held on May 30th, attended by lecturers engaged in the training of teachers for work in Special Schools. In connection with this meeting, a three-day residential course for Head Teachers in Special Schools is to be arranged during the Easter vacation, 1959.

Another course of weekly lectures for Visiting Teachers of Handicapped Children will be held in the autumn, and a further lecture course on "Problems of Childhood and Adolescence" is to start in September at St. Marylebone Literary Institute. This course is open to the general public and is particularly intended for parents. Further details will appear in the Institute's prospectus.

The Joint Committee of the N.A.M.H. and the University of London Council for Extra-Mural Studies, which is responsible for the direction of the Courses for Medical Officers organised by the Department and for the appointment of its tutor, have not yet found it possible to reach agreement on future planning. With the approval of the Ministry of Education, the Course held in the Spring was left in the hands of the N.A.M.H. with Miss Grace Rawlings as its tutor. For the next Course (September 29th to October 17th) similar interim arrangements are being made.

The Department has received an encouraging number of applications for training in Educational Psychology and for the session, 1958-59, ten candidates have been selected.

Mental Deficiency Training

The 1957-58 full-time Diploma Courses for Teachers of the Mentally Handicapped mark their completion by the holding of Open Days as follows :

Manchester :	Saturday, 5th July. Speaker : Dr. A. Pool (*Consultant Psychiatrist, Oldham and District Hospital Group*)
London :	Saturday, 12th July. Speaker : Mrs. Profumo (Valerie Hobson). Chairman : Dr. D. H. H. Thomas.

The In-Service Courses in Birmingham and Bristol also complete their two years this session. The following arrangements have been made for their "Open Days" :—

Birmingham :	Tuesday, 8th July. Speaker : Dr. H. M. Cohen (Medical Officer of Health). Chairman : Alexander M. B. Rule, M.B.E. (*Principal, Birmingham College of Commerce*).
Bristol :	Wednesday, 9th July. Speaker : Lady Inskip, J.P. Chairman : Dr. R. C. Wolfinden (Medical Officer of Health).

The Week's Residential Course, now an annual event, will be held in July at St. Gabriel's College, Camberwell, London, and—

as always—every place has been booked and there is a waiting list.

Both the 1958-59 full-time Courses are fully booked and we are glad to report a new development in the proposal to hold an In-Service Course in Newcastle-on-Tyne, to start in the autumn. Applications are now being invited and should be sent to Miss F. M. Dean, at 39 Queen Anne Street.

The Department records with much regret that at the end of the Session it is losing the Tutor of the London Course—Miss K. Stewart—who, for reasons of health, feels she must retire from full-time work. During the time she has been on Headquarters staff, she has gained the affection of her students and colleagues and made a valuable contribution to the work.

Residential Services

Fairhaven, Blackheath

This Hostel for boys leaving schools for the educationally sub-normal, is now open and at the time of writing five boys are in residence, four of whom we were quickly able to place in jobs. Despite various vicissitudes arising during the process of getting the house ready for occupation, and latterly with additional difficulties occasioned by the absence of bus transport upon which the district largely depends, the process of settling down has been accomplished and—thanks to the welcome they have received from the Warden and the Matron—the boys are already beginning to feel that they "belong".

To all the staff concerned with the launching of this pioneer enterprise, who have so cheerfully borne the trials and tribulations inseparable from its initial stages, we would like to pay tribute.

Particulars of the Hostel may be obtained from the Residential Services Department, but it should be noted that admissions are restricted to boys coming from the Metropolitan Police Area, e.g. London and certain parts of the Home Counties.

Parnham

In February, owing to the death of Lady Pinney, Parnham lost one of its best friends. She was not only a frequent and most welcome visitor to the Home but last summer she invited the residents to a garden party which will long be remembered by them for the gracious hospitality they received. She will be very greatly missed.

We record with grateful thanks a gift of £200 for the Home, made by the Clothworkers' Company.

It was encouraging to hear that some specimens of the old ladies' work carried out under the direction of their teacher, won high praise at a church exhibition to which they were sent by request, and were considered to be eminently saleable. The sale of

Work to be held at the Home on July 9th will give another opportunity of displaying these articles.

Kelsale Court

The Friends of Kelsale Court have most generously presented to the Home a gift of twenty-four chairs and twelve tables for the children's schoolroom—equipment which was greatly needed. We also record with much appreciation a gift of £23 5s. 4d. for the children given by members of the Knodishall Speedway Club, being money raised for the purchase of a track, ground for which ultimately proved impossible to find. The local Old Tyme Dancing Club is another organisation to which we are indebted for a gift of £11 10s. 0d. Money received from such sources is not only of value in itself but is a welcome sign of the good relations established between the Home and the community in which it is situated.

Orchard Dene

Our Short Stay Home is equally fortunate in the goodwill which it has engendered in its neighbourhood. Under the chairmanship of Miss Dorothy Keeling, its Welfare Committee is continually raising money to help to meet the many needs which are always disclosing themselves, and they recently allocated the sum of £300 for the re-decoration of dormitories. We also record a welcome donation of £11 19s. 6d. from the Widnes Girl Guides given to provide extra amenities.

Anglo-Egyptian Refugees

At the request of the Anglo-Egyptian Resettlement Board, the N.A.M.H., agreed to give advice in connection with certain residents still left in Hostels who need help by reason of mental health problems. One of our psychiatric social workers has made a preliminary visit to each of the Hostels concerned where she has had interviews with individual residents and held discussions with members of the staff. A report has been sent to the Board with suggestions as to possible ways of helping.

Recent Publications

The attention of members is drawn to the publication of a booklet entitled *Mental Breakdown, a Guide for the Family* which tells the story of how a wife faced the difficulties and hardships resulting from the psychiatric illness of her husband. Life in a modern mental hospital is described, and the part which can be played by the family in helping their patient back to normal life after treatment, is emphasised. The presentation is a popular one, designed to appeal to the ordinary uninstructed reader. Price: 2s. 6d. By post, 2s. 10d.

Mental Illness. Some Notes for Speakers, (price 8d. post free) is a short pamphlet compiled to give concise information to speakers

in voluntary organisations which have included mental health as one of the subjects which they wish to bring before their members.

Our *Directory of Child Guidance Services* has been brought up to date and is on sale, price 5s. (by post, 5s. 5d.). The new edition includes details of Clinics in Northern Ireland, Eire and the Channel Islands, as well as those in England and Wales.

Two *Conference Reports* are in the press at the time of writing:

N.A.M.H. Annual Conference, 1958, on the Report of the Royal Commission. Price: 5s. By post, 5s. 4d.

1958 Child Guidance Inter-Clinic Conference on "The Residential Care of Disturbed Children". Price: 3s. 6d. By post, 3s. 10d.

Mrs. Marjorie Welfare, M.B.E.

The death of Mrs. Welfare in April breaks another link with the past out of which the N.A.M.H. grew. Almost from the beginning of the Central Association for Mental Welfare she served on its staff and was during its whole life, the right hand of Dame Evelyn Fox. During the War she became responsible for organising the agricultural hostels for high grade mental defectives which were such an outstanding success and for her services in this pioneer field she was awarded an M.B.E. After serving as Head of the Residential Services Department of the N.A.M.H. she retired in 1950 to live in Sussex. Her organising and administrative gifts were not for long left undiscovered by the W.V.S. of which she was a member, and she accepted from them the responsible (unpaid) post of Home Help Organiser for Shoreham-by-Sea. Into this voluntary work she threw herself with unflagging zeal and devotion and she won the love and respect of the women under her direction and of the homes they served. Her old colleagues and the many other workers in the mental health movement with whom she had long and friendly contact, will hold her in affectionate remembrance.

B.B.C. Television Appeal

We announce with great pleasure that the Mental Health Joint Appeal Committee has been allotted one of the few Appeals for which the B.B.C. Television Service provides. The date has not yet been fixed, but particulars will be given in our next issue.

Vice-Presidents

Since our last issue, invitations to become Vice-Presidents have been accepted by Mr. Kenneth Robinson, M.P., Mr. Christopher Mayhew, M.P., and Mrs. E. Braddock, M.P., to all of whom we extend a very hearty welcome.

Lord Percy of Newcastle, Chairman of the Royal Commission on Mental Illness and Mental Deficiency, had also agreed to be a Vice-President, and it was with sorrow that we received the news of his death a few weeks later.

St Christopher Press Ltd, Letchworth, Hertfordshire